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FEC FORM 1	ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example:If typing, type is changed) ever the lines.	12FE4M5
Chip Flanegan	for Congress	
Liziti		
ADDRESS (number and street	, ₁ 7979 Jonesboro Rd	
(Check if address is changed)	Jonesboro	Ga 30236
	СІТҮ	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)		
COMMITTEE'S WEB PAGE ADDRESS (URL)		
(Check if address is changed)	s	
2. DATE Ö5" 'Î0" 'Ž010 "		
3. FEC IDENTIFICATION NUMBER C		
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examine	ed this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	Maria Flanegan	
Signature of Treasurer	Maria Hampan	Date 05 10 2010
NOTE: Submission of false, er	rroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	